



APPLICATION FOR MISCELLANEOUS PLANNING ACTIONS

City of La Habra Planning Department
201 East La Habra Blvd., P.O. Box 337, La Habra Ca 90633-0337
Phone: (562) 905-9724 Fax: (562) 905-9643

Action #

Property Owner

Name _____

Address _____

Phone: Home () _____

Work () _____

Fax () _____

E-mail _____

Name of Representative

Name _____

Address _____

Phone () _____

Fax: () _____

E-mail _____

Location of Property _____

Legal Description of Property _____ Tract No. _____ Lot No. _____ or See Attached Legal Description

Assessors Parcel Number _____

Check One:

☐ Modification

☐ Time Extension

☐ Continuance (Applicant)

☐ Continuance (Staff)

☐ Administrative Adjustment

☐ Lot Line Adjustment

☐ Transportation Demand Mgmt. Plan (Staff Review)

☐ Transportation Demand Mgmt. Plan (Commission

☐ Staff Research

☐ Commission Interpretation

☐ Other _____

Explanation of Proposal:

I, (We) _____, being duly sworn, depose and say that I am (we are) the owner (s) of the property involved in this petition and that the statements and answers herein contained and the information herewith submitted are in all respects true and correct to the best of my (our) knowledge.

PROPERTY OWNERS SIGNATURE _____

Name: _____

Date: _____

FOR OFFICE USE ONLY:

Application and Fee received by _____

Date _____ Amount \$ _____